

CITY OF WENATCHEE PERMIT APPLICATION DEPARTMENT OF COMMUNITY DEVELOPMENT 1350 McKITTRICK ST., Suite A WENATCHEE, WA 98801 (509) 888-3200 or (509) 888-3262 FAX (509)888-3201		DATE APPLIED
		PERMIT NO.
JOB SITE ADDRESS		JOB SITE PHONE
LEGAL DESCRIPTION		PARCEL NO.
NATURE OF WORK		LABOR AND MATERIALS \$
TYPE OF CONSTRUCTION: <input type="checkbox"/> New Commercial <input type="checkbox"/> Commercial Alteration <input type="checkbox"/> Commercial Addition <input type="checkbox"/> Foundation <input type="checkbox"/> New Residential <input type="checkbox"/> Residential Alteration <input type="checkbox"/> Residential Addition <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family <input type="checkbox"/> Demolition <input type="checkbox"/> Tenant Improvements <input type="checkbox"/> Other		
APPLICANT'S NAME:		DAY PHONE: () _____ CELL PHONE: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CONTACT NAME: _____ PHONE: () _____
OWNER'S NAME:		DAY PHONE: () _____ CELL PHONE: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		
CONTRACTOR'S NAME: (copy of contractor's registration card required):		DAY PHONE: () _____ CELL PHONE: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		CONTACT NAME: _____ PHONE: () _____
CONTRACTOR'S LICENSE NO.	LICENSE EXPIRATION DATE:	CITY BUSINESS LICENSE NO. (REQUIRED)
ARCHITECT/DESIGNER'S NAME:		PHONE: () _____ FAX No.: () _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		EMAIL ADDRESS: _____
LENDING AGENCY NAME: (RCW 19.27.095)		<u>Bldg. Valuation:</u> _____ <u>Plan Check Fee:</u> _____
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		<u>Receipt Number:</u> _____ <u>Check Number:</u> _____
Is Structure Fifty Years Old Or Older? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Structure On a Historical Register? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Structure In a Historical District? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Structure In Central Business District? Yes <input type="checkbox"/> No <input type="checkbox"/>		
By signing below, I certify that the information provided with this application herein is true and accurate. I further certify that any and all work performed shall be done in accordance with the ordinances and laws of the City of Wenatchee.		
Applicant Signature _____		Authorized Agent Signature _____
Print Name _____		Print Name _____